

BEST AVAILABLE COPIES

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/					51				
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46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims						Total Claims				